

**Commonwealth of Virginia**

**RFP 720C-04404-14C**

**ADDENDUM #1**

**Issue Date:** July 9, 2014

**RFP Title:** Inpatient Psychiatric Hospital Bed Purchase – Children and Adolescence

**AGENCY:** Department of Behavioral Health and Developmental Services (DBHDS) - Office of Forensic Services

**Purpose:** RFP Clarification – Proposal Due Date

Section 6.1 of the referenced Request for Proposal is deleted in its entirety and replaced with the following language:

- 6.1 In order to be considered for selection Offerors must submit a complete response to this RFP by the closing date of July 29, 2014 at 3:00pm local prevailing time. One (1) original marked "ORIGINAL" and five (5) copies plus one (1) complete electronic copy must be submitted to the DBHDS in PDF format. The Offeror shall make no other distribution of the proposal. In addition, the Offeror shall submit one (1) redacted (proprietary and confidential information removed) electronic copy in PDF format of their Technical and Cost Proposal.

**Addendum Acknowledgement**

The undersigned acknowledges receipt of this Addendum and by signature confirms the information contained herein shall become part of RFP 720C-04404-14C as amended through this Addendum. Offerors must return this Addendum as part of its proposal. Failure to return signed Addenda shall be grounds to reject the Offerors proposal.

IN COMPLIANCE WITH THIS ADDEDUM AND THE REFERENCED REQUEST FOR PROPOSALS AND TO ALL THE CONDITIONS IMPOSED THEREIN, IN FACT OR BY REFERENCE, THE UNDERSIGNED OFFERS AND AGREES TO FURNISH THE SERVICES IN ACCORDANCE WITH THE ATTACHED SIGNED PROPOSAL AND ADDENDUM OR AS MUTUALLY AGREED UPON BY SUBSEQUENT NEGOTIATION.

**Offeror Name and Address:**

**Date:** \_\_\_\_\_

\_\_\_\_\_

**By:** \_\_\_\_\_  
(Official Signature in Ink)

\_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**FEI/FIN Number:**

\_\_\_\_\_

**Title:** \_\_\_\_\_